Written on JUNE 26, 2014 AT 4:39 PM by SVANDERWERFF

Heart Health: For the Young at Heart and the Young

Filed under HEART DISEASE, HEATH, PUBLIC HEALTH (ONE COMMENT)

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Think heart disease is something that won't begin to affect you until later in life? Think again. Recent research has found that heart disease is much more common in young service members than previously thought. 1,2 While this is cause for concern, there is also good news: In most cases heart disease is preventable or can be delayed until much later in your life. So, even if you're a young service member, you can do something about heart disease now.

What is Heart Disease?

According to the Center for Disease Control (CDC), heart disease is the leading cause of death for men in the United States, causing an astounding one in four deaths. 3 A common form of heart disease is atherosclerosis (ath-ur-oh-skluh-ROW-sis), which is a buildup of fatty plaque in your arteries. As plaques build up, it restricts blood flow which can eventually lead to chest pains, shortness of breath, blood clots, heart attacks, and strokes. Although it typically does not become apparent until later in life, researchers recently found evidence of atherosclerosis in service members in their early 20s and 30s, and even in children. Heart disease usually develops slowly, and someone with a problem may not have any symptoms for decades, which in some cases is not until the day they have a heart attack. In other words, the development of heart disease is stealthy. As a result, heart disease is often not addressed until it is too late.

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Why should you care right now?

First, it seems really hard to believe. You're young, you're strong, you can run a mile (or many more), you can even pass your physical, and yet you can still have the early stages of atherosclerosis right now. While heart disease is often viewed as something to worry about when you get older, approximately half of American adults who have heart disease are under the age of 60.4 Furthermore, between 70 and 90 percent of sudden cardiac events occur in men, and half of the men who die suddenly of coronary heart disease had never reported any symptoms.(5) Research is currently being conducted to determine why men appear to be at increased risk as compared to women.

Second, structural damage to the heart and blood vessels has often already occurred before any type of heart disease is diagnosed and treated. Since damage to the heart can begin as early as childhood, by the time heart disease is diagnosed, surgery and long-term medications may be the only way to prevent further damage, medical complications, and cardiovascular events (heart attacks and strokes).

Third, heart disease is a family affair, affecting those closest to you. But because heart disease is so stealthy it can be difficult for us to get motivated to do something about it. After all, heart disease is probably the last thing on your mind when you're ordering a pizza, smoking that cigarette, sitting down to watch a few hours of sports, or trying to get your child to eat. But we now know that what we do and eat as kids and young adults has a big impact on our heart health. We can't just start being healthy when we reach our 40s and 50s and expect to prevent heart attacks and stroke. And we should also be teaching our children heart healthy habits now, which will make it easier for them to maintain a healthy heart throughout their lives.

Are You at Risk?

The good news is that we know that there are many causes for unhealthy hearts. While some are not under our direct control (infections, age, gender, genetic predisposition), heart disease is often the result of multiple lifestyle factors that are within our control.

Behavioral risk factors for heart disease include:

- Smoking
- Poor diet
- Lack of exercise
- Obesity
- Excessive alcohol use
- High levels of stress

Visit the CDC's Heart Disease Risk Factors page to learn more about the behavioral, hereditary, and medical conditions that might increase your risk for heart disease. You can also use the 2013 American College of Cardiology/American Heart Association calculator to compute your likelihood of having a heart attack or stroke within the next 10 years.

What you can do about it?

Regardless of your level of risk today, heart health can be improved at any age through a

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nutritious diet that is low in added sugar, salt, and empty calories, getting moderate to vigorous physical activity most days of the week, maintaining a healthy weight, and managing your stress.

A few key things you can do now:

- Quit smoking – The military has a number of free resources to help you quit and stay tobacco free. Even if you have had trouble quitting before, don't give up. If you aren't a smoker, don't start. And don't get caught up in the e-cigarettes craze. There just isn't enough evidence to say whether they are a safer alternative to cigarettes – and furthermore, they can be a gateway to an addiction to real cigarettes. If you want to speak to a smoking cessation coach right now, log onto http://www.tricare.mil/quittobacco and click on the "Chat now" link.

- Increase your physical activity – After high blood pressure, physical inactivity is the second highest cause of atherosclerosis. But the great news is that even if your weight stays the same, you decrease your risk of heart disease simply by exercising. The general recommendation is to be physically active for at least 150 minutes each week. It is always a good idea to consult a health care provider before starting a new exercise program.

- Get to a healthy weight – Being in a healthy weight category is another important way to reduce your risk of heart disease, but it must be done safely. January was Healthy Weight Month, so be sure to visit NMCPHC for tips and tools for how to reach a healthy weight safely.

- Eat a healthy diet – There are lots of diet tips out there, so make sure you choose a heart healthy diet that is well-balanced, including foods low in trans-fat, sodium and added sugars, and foods high in whole grain fiber, lean protein, and a variety of colorful fruits and vegetables).6 And don't forget, you don't have to deprive yourself to eat healthy, moderation is key.

- Start teaching kids heart healthy habits – We know children are not immune to heart damage. Instilling heart healthy habits in your children early on will make it easier for them to maintain a healthy heart throughout their lives.

- Consult a health care provider – If you think you or your children might be at risk for future heart disease, talk with your health care provider. Work with your provider to set goals for yourself.

Available Resources

To learn more about maintaining your healthy heart, please visit the following resources:

- Recipe for Heart Disease slick sheet (in development – will be linked when published)

- The Simple 7 steps to prevent heart disease

- Navigating Stress

- Dietary Approaches to Stop Hypertension (DASH) diet

- ChooseMyPlate

- ACE Fit Facts™: Getting started with an exercise program

- Navy Operational Fitness and Fueling System
- CDC Physical Activity Guidelines for Americans

1 Webber BJ, Dec 2012. Prevalence of and Risk Factors for Autopsy-Determined Atherosclerosis Among US Service Members, 2001-2011. http://jama.jamanetwork.com/article.aspx?articleID=1487497

2 American Heart Association, Inc. Atherosclerosis and Stroke article. http://www.strokeassociation.org/STROKEORG/LifeAfterStroke/HealthyLivingAfterStroke/UnderstandingRiskyConditions/Atherosclerosis-and-Stroke_UCM_310426_Article.jsp . Published 2013. Accessed January 27, 2014.

3 Kochanek KD, Xu JQ, Murphy SL, Miniño AM, Kung HC. Deaths: Final Data for 2009 [PDF-2M]. National vital statistics reports. 2011;60(3).

4 American Heart Association, Inc. Statistical Fact Sheet 2013 Update. http://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_319574.pdf. Published 2013. Accessed December 18, 2013.

5 Roger VL, Go AS, Lloyd-Jones DM, Benjamin EJ, Berry JD, Borden WB, et al. Heart Disease and Stroke Statistics—2012 Update: a report from the American Heart Association . Circulation. 2012;125(1):e2–220.

6 The Simple 7. American Heart Association Web site. http://mylifecheck.heart.org/multitab.aspx?navid=10&culturecode=en-us. Accessed June 9. 2014.

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Charles Weber
Insufficient potassium and vitamin B-1
(thiamin) can not damage the heart significantly when both are deficient. This has important safety implications when supplementing each during heart disease, arrhythmias, rheumatoid arthritis, high blood pressure, gout, beri-beri, or diabetes caused or influenced by the deficiency of one of them. It is extremely important to know which kind of heart disease is involved. You may see this discussed in detail in
. This is probably the primary reason why the medical profession has not been able to prevent heart disease up to date and why potassium supplements cause neutral mortality statistics. Researchers almost across the board think that potassium has little impact on the body or/and is never deficient. This is a mistaken assumption. Most food processing procedures cause losses. Enormous attention is given to a single murder or handful of murders, while at the same time the food industry causing 500 thousand deaths from heart disease alone, gets almost no coverage. This is because a considerable fraction of their profits goes to promulgating these disasters by advertising and bribing politicians. Even the medical profession is responsible by procedures in hospital cafeterias.

Copper is
crucial for strength of arteries because of its role as part of lysil oxidase,
which cross links elastin tissue. A deficiency is probably the main cause of
aneurisms and therefore many strokes, hemorrhoids, and many bleeding problems,
as well as high blood cholesterol and is probably involved by a synergistic
affect in the cause of diabetes by chili pepper (see
). You may see how to increase copper from food in and a discussion of copper
physiology in . Finding ways to repair the heart is useful,
but there is no good substitute for not damaging it in the first place.

You also may find a
book about potassium nutrition as it relates to heart disease, gout, rheumatoid
arthritis, high blood pressure, and diabetes, useful for your library. Its
availability is through Paypal along with its introduction, table of contents
and first two chapters may be accessed in
.

Sincerely, Charles Weber

PS Dr. Rastmanesh, a nutritionist from Iran,
would like to secure a position in an English speaking university. He has an
impressive CV. If you know of an opening I will send you his CV. It is a
travesty to leave that fine researcher over in that criminal country after he
has gotten rid of rheumatoid arthritis for us.